

2009
**RHODE ISLAND GUIDE TO BUYING
MEDICARE
SUPPLEMENT INSURANCE
AND
MEDICARE ADVANTAGE PLANS**

The **RHODE ISLAND GUIDE TO BUYING MEDICARE
SUPPLEMENT INSURANCE AND MEDICARE ADVANTAGE
PLANS** is designed to give you the basic information you need to make
informed choices about your health care coverage.

For additional assistance and counseling, call:

THE POINT
401-462-4444
www.ThePointRI.org

or

United Way 2-1-1
211
www.211ri.org

This guide is produced by Rhode Island Department of Elderly Affairs
74 West Road
Cranston, RI 02920
401-462-3000
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BACKGROUND ON MEDICARE

Medicare is the nation's health insurance program for people 65 and older, and younger people who are disabled or who have end stage renal disease. Medicare consists of four parts: Part A (Hospital Insurance), Part B (Medical Insurance), Part C (Medicare Advantage Insurance Plans) and Medicare Part D (Medicare Prescription Drug Plans). Almost all persons over age 65 are automatically entitled to Medicare Part A if they or their spouse are eligible for Social Security or Railroad Retirement.

Part A covers inpatient hospital care, skilled nursing facility, home health and hospice care. Part B is optional insurance that complements Part A coverage. Part B covers physician services, outpatient hospital services, home health, durable medical equipment, laboratory and x-rays, ambulance and other services.

In most cases, there's no cost for Part A; however it requires cost sharing, such as deductibles and coinsurance. Those who enroll in Part B pay a monthly premium, as well as 20% of most fees after meeting an annual deductible.

Medicare beneficiaries can choose to get their coverage through traditional, fee-for-service Medicare, or through Medicare Advantage plans. Medicare pays these plans a set fee for each member to cover all Medicare services. Generally, members of Medicare Advantage Plans agree to receive all covered services through the plan's network of providers or by referrals made through the plan. Beneficiaries can also choose additional coverage by purchasing a Medicare supplement insurance plan.

New Medicare beneficiaries are eligible to receive a *Welcome to Medicare* physical within 12 months of the date that their Part B coverage becomes effective. Medicare also offers certain preventive health services such as bone mass measurement, certain types of cancer screenings, glaucoma testing, and diabetes screening. For more information call Medicare at **1-800-MEDICARE (1-800-633-4227)** or go to **www.medicare.gov**.

Medicare beneficiaries can also learn more about their health care or create a personal health care profile by logging on to the **My Health** and clicking **My Medicare** link on the Medicare web site.

Medicare and Medicaid fraud, waste, abuse and healthcare billing errors impact everyone. They contribute to the rising cost of healthcare and diminish the quality of healthcare.

Fraud is when an individual or organization deliberately deceives Medicare or Medicaid to get money they are not entitled to. Fraud usually involves billing for services that are not provided or billing for services at a higher than normal rate. Abuse is when goods and services are provided that are medically unnecessary or that do not meet medical standards.

The Rhode Island SMP is a program designed to help persons with Medicare get the most out of their healthcare and learn how to report fraud, waste, and abuse. For information on Rhode Island SMP, call The POINT **462-4444**.

Q. *What is Medicare supplement insurance?*

A. Medicare supplement insurance is private health insurance designed to supplement Medicare benefits to pay some of the deductibles, co-payments and other expenses Medicare does not pay. You must understand Medicare before you can understand Medicare supplement insurance. Call **1-800-MEDICARE (1-800-633-4227)** for a free copy of *Medicare and You 2009*. The more familiar you are with Medicare, the easier it will be to comprehend Medicare supplement insurance.

Q. *What are some of the expenses Medicare does not cover?*

A. Generally speaking, there are five costs not covered by Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance).

1. If you are admitted to the hospital, you must pay the first \$1,068 (Part A deductible) for days 1-60 of a hospital stay. You are also responsible for paying \$267 daily for days 61 through 90 of a hospital stay and \$534 daily for Lifetime Reserve Days 91 through 150. You are responsible for all costs after day 150.

2. If you need skilled nursing or rehabilitation in a skilled nursing facility, you must pay \$133.50 daily from days 21 through 100 of a covered stay in a skilled nursing facility.

3. You have to pay the first \$135 a year (Part B deductible) for the allowable cost of medical services such as doctors' office visits, surgery, anesthesia, out-of-hospital x-rays and lab tests, durable medical equipment, prosthetic devices, ambulance transportation, chiropractic services, and hospital outpatient and accident room services.

4. You have to pay 20% (Part B co-insurance) of the approved charges for these medical services after you pay the \$135 deductible.

5. Medical expenses not covered by Medicare:

- Hearing aids and eyeglasses
- Personal or custodial care in nursing homes
- Cost of medical services above what Medicare says is allowable
- Routine dental care
- Out-of-hospital prescription drugs
- Private duty nursing and homemaker service
- First three pints of blood (if not replaced).

NOTE: The deductible and co-payment amounts stated above apply to services received in 2009. They are subject to change each year.

Q. *What is the difference between Medicare and Medicaid?*

A. Generally, Medicare is a federal health insurance program for people 65 or older, or who have received Social Security disability for 24 months or who have kidney failure. Medicaid (Medical Assistance) is a federal-state program for medical care for low-income people who have limited resources.

In Rhode Island, if you're 65 or older, or blind, or disabled with a gross monthly income of less than \$866.67 and less than \$4,000 in resources, you may qualify for Medical Assistance.

A couple must have less than \$1,166.67 a month in income and less than \$6,000 in savings to qualify for Medical Assistance. Sometimes, those who meet the resource limits who have high medical expenses can also qualify. Medicare and Medical Assistance will pay almost all your medical bills with just a few exceptions. If you are eligible, you don't need any other health insurance policy. You will need coverage for prescription drugs. Apply at your local Department of Human Services office. Contact **THE POINT** at **462-4444** for additional assistance.

Q. *I've heard about programs called QMB and SLMB. What are they about?*

A. The Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB) programs provide for the state to pay the Medicare medical insurance premiums for limited income persons with few cash resources.

Under QMB, the state pays both the Part A (if necessary) premium and the Part B premium of \$96.40 per month in 2009. Individuals must have a gross monthly income under \$866.67 to qualify for QMB. Couples must have income less than \$1,166.67. Anyone who qualifies for QMB also qualifies for Medical Assistance.

Individuals eligible for SLMB must have a monthly income below \$1,040. Married couples must have incomes below \$1,400. SLMB pays the Medicare medical insurance premium.

The Qualifying Individuals-1 (QI-1) program pays the Part B premium for those with incomes under \$1,170 per month. Married couples may qualify if their monthly income does not exceed \$1,575.

The same resource test applies for all of these programs-\$4,000 for an individual and \$6,000 for married couples.

Be careful when applying for SLMB if you are already enrolled in, or are applying for, Medical Assistance. The additional income you get in your Social Security check by the state paying your Medicare premiums might affect your eligibility for Medical Assistance. Applications for these programs can be filed at the local office of the Department of Human Services.

Q. *What if I do not qualify for Medical Assistance?*

A. The safest course is to choose one Medicare supplement insurance policy or a Medicare Advantage plan that's best for you. Medicare supplement insurance policies are stated in terms of Medicare's deductibles and co-payment amounts, rather than in terms of fixed benefit amounts.

Q. *How many Medicare supplement plans are there?*

A. In Rhode Island, insurers may offer one or several of the standard Medicare supplement plans. These standard plans include a basic policy (Plan A) which provides a core benefit package. Each of the other plans has a different combination of additional benefits (and a different letter designation), but they all include the core package. Insurers may not change the combination of benefits in any of the standard policies, or change the plan letter designations. This means that any insurer offering Plan C, for example, is offering the exact same combination of benefits as every other insurer that sells Plan C.

If you get supplemental coverage through a former employer, or a union, it may give you a few extra benefits.

No matter which choice you make in supplemental insurance, don't think that all your health care bills will be covered by Medicare and your Medicare supplemental insurance. They won't. Some costs will still be left for you to pay out-of-pocket.

Q. *When can I sign up for Medicare supplement insurance?*

A. Federal law guarantees those 65 and older the opportunity to enroll in Medicare supplement plans for six months immediately following enrollment in Medicare medical insurance (Part B).

This is a very important opportunity. At open enrollment, you may enroll in any of the Medicare supplement plans that are offered regardless of any existing medical problems you have. Please note that insurers can no longer offer plans H, I, and J to new subscribers. Those who elect to stay in these plan options can do so, but they must realize that these options are not "creditable coverage" under the Medicare Prescription Drug Program (Medicare Part D). Medicare Part D is discussed in more detail later on in this booklet.

Insurers may require a health screen before granting coverage for *any* Medigap plan once the initial six-month enrollment period ends. Insurers are permitted to apply a pre-existing condition clause up to the first six months of the policy.

Medicare supplement insurance regulations allow you to switch from an equivalent plan (C to C, E to E, etc.) without having to endure another exclusion for pre-existing illness period under the new policy if you have already satisfied one under the former policy.

Q. *How much do Medicare supplements cost?*

A. Depending on the plan you choose, a Medicare supplement insurance policy cost can range from approximately \$1,000 to several thousands of dollars a year. The prices quoted in this booklet apply to Medicare beneficiaries age 65 and older. *Most plans are NOT available to beneficiaries under 65. When they are available, the cost is sometimes more.*

Q. *Should I get a Medicare supplement?*

A. You could. Or you could choose to enroll in a Medicare Advantage plan (cost and coverage are listed in this booklet), or you could choose to pay “out-of-pocket” for expenses not paid by Medicare by not enrolling in either a supplemental or Medicare Advantage plan. When you make the latter choice, you assume the financial risk for all other hospital and medical expenses not paid by Medicare. You pay “out-of-pocket” for anything not covered by Medicare. A healthy Medicare beneficiary who has not been hospitalized in the past several years and who seldom needs medical care would be a better candidate to decline Medicare supplement insurance than a person who is under regular medical care, is likely to be hospitalized and who is taking prescriptions for a variety of illnesses.

Q. *Exactly what is assignment?*

A. Assignment means that the doctor receives the payment directly from Medicare and agrees to accept the amount that Medicare approves for covered services. The doctor may only charge the patient (or the patient’s insurance) for any of the \$135 deductible that has not been met and 20 percent coinsurance. Doctors or suppliers who participate in Medicare have agreed to accept assignment on all Medicare claims. Rhode Island Assignment Law 5-37-5.1 prohibits *physicians* from charging Medicare beneficiaries more than the amount of money that Medicare approves for covered services.

Q. *What is the difference between “issue age” and “attained age”?*

A. In the rate charts found in this booklet, you will see that some insurance companies charge different rates depending on the age of their customers.

Issue age means that your initial premium is based on your age when you buy your policy. Your rate will not increase because you get older. It will increase only if the company receives approval for a rate increase for all Rhode Island policyholders.

Attained age also means that your initial premium is based on your age when you buy the policy. However, your rate is subject to automatic increases as you get older. In addition, the rate may increase if the insurance company receives approval for a rate increase for all Rhode Island policyholders.

Community rated means that the premium is the same, regardless of age.

Q. *Are there any other hints on how to buy a good Medicare supplement?*

A. Deductibles aren't necessarily bad. True, a deductible means that you pay a certain amount yourself before your insurance pays anything. But, by not providing *first dollar* coverage, a company can charge you a lower premium. Be aware of the treatment of pre-existing conditions, or sicknesses or injuries you have at the time of buying the coverage. Federal law allows a maximum of six months pre-existing condition exclusion on Medicare supplement plans. Also, you may switch from one Medicare supplement plan to another without facing pre-existing condition exclusion if you satisfied the exclusion under your prior policy. Not all policies are available to everyone. Some policies require that you belong to a national senior organization; some have periodic open enrollment. Federal law allows you a 30-day *free look* at Medicare supplement policies. If you return the policy within 30 days, the insurance company must refund your money. Buy from a company licensed in Rhode Island. If you buy from a Rhode Island-licensed company and you subsequently have a problem, the Department of Business Regulation (DBR) may be able to offer you assistance. Their telephone number is **462-9520**. If the company is not licensed in Rhode Island, there is less that DBR can do on your behalf. All companies listed in this guide are licensed in Rhode Island.

Q. *Do I have other options?*

A. Employers with 20 or more employees must offer their workers 65 and older the same health benefits as they offer to their younger employees. Keeping this employer-sponsored coverage is usually the best option available for older workers and their dependents. Workers and their spouses who are covered by good employer-sponsored medical insurance do not need to buy Medicare Medical Insurance (Part B), which costs \$96.40* monthly in 2009. When they are no longer working, or their spouse stops working, they may buy Medicare Medical Insurance at its current base rate immediately. Delayed enrollment in Medicare Part B until it is truly needed preserves your rights to your initial Medigap enrollment period.

Q. *What can you tell me about Medicare Advantage care plans?*

A. You may authorize Medicare to pay a Medicare Advantage care plan to cover your health care bills for you. These plans offer comprehensive, coordinated medical services by health care professionals and facilities that are part of their plans. More information about these plans is provided in this booklet.

*If your income exceeds \$85,000, for a single person, and \$170,000, for a married couple, your premiums will be higher.

Q. *Can anyone help me sort through my health insurance options?*

A. The Rhode Island Department of Elderly Affairs has several options to help answer your questions or problems relating to medical coverage in your later years. Trained volunteer Senior Health Insurance Program (SHIP) counselors can help you understand the difference between supplemental insurance and Medicare Advantage organizations, the difference in coverage among standard Medicare supplement plans, Medicare prescription drug plans (Medicare Part D) and other programs that help to pay for prescription medications and other matters pertaining to health insurance and paying for medical care.

*To contact a SHIP volunteer in your area, call THE POINT at **462-4444**.

A note about rates...Insurance rates are subject to increase in future years based on changes in Medicare deductible amounts, higher cost of medical services, increased utilization of medical services, and other forces which drive health care costs. The rates on the following pages for Medicare supplemental insurance plans are listed for persons at age 65, 70, 75, and 80. You may contact companies individually for those *in-between* rates, if applicable. Ask about any discounts available for payment in advance, pre-authorized withdrawal from your savings or checking accounts, e-mail payments, husband/wife coverage, or any other preferred rates a company may offer.

MEDICARE PART A BENEFITS

Services	Benefit	Medicare Pays	You Pay*
HOSPITALIZATION: Semiprivate room and board, general nursing and other hospital services and supplies	First 60 days	All but \$1,068	\$1,068
	61st to 90th day	All but \$267/day	\$267/day
	91st to 150th day**	All but \$534/day	\$534/day
	Beyond 150 days	Nothing	All costs
SKILLED NURSING FACILITY CARE: Semiprivate room and board, skilled nursing and rehabilitative services and other services and supplies	First 20 days	100% of approved amount	Nothing
	Additional 80 days	All but \$133.50/day	Up to \$133.50/day
	Beyond 100 days	Nothing	All costs
HOME HEALTH CARE: Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare conditions	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
HOSPICE CARE: Pain relief, symptom management and support services for the terminally ill	For as long as the doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	Limited costs for outpatient drugs and inpatient respite care
BLOOD: When furnished by a hospital or skilled nursing facility during a covered stay	Unlimited if medically necessary	All but the first three pints per calendar year	For first three pints***

For more information on Part A and Part B benefits, consult your *Medicare and You 2009* handbook.

MEDICARE PART B BENEFITS

Services	Benefit	Medicare Pays	You Pay*
MEDICARE EXPENSES: Doctors' services, inpatient outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment and other services	Unlimited if medically necessary	80% of approved amount (after \$135 deductible) Reduced to 50% for most outpatient mental health services	\$135 deductible, plus 20% of approved amount and limited charges above approved amount
CLINICAL LABORATORY SERVICES: Blood tests, urinalyses, and more	Unlimited if medically necessary	Generally 100% of approved amount	Nothing for services
HOME HEALTH CARE: Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare conditions	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
OUTPATIENT HOSPITAL TREATMENT: Services for the diagnosis or treatment of injury or illness	Unlimited if medically necessary	Medicare payment to hospital based on cost	20% of whatever the hospital charges (after \$135 deductible)
BLOOD	Unlimited if medically necessary	80% of approved amount (after \$135 deductible and starting with the fourth pint)	First three pints, plus 20% of approved amount for additional pints (after \$135 deductible)
AMBULATORY SURGICAL SERVICES	Unlimited if medically necessary	80% or pre-determined amount (after \$135 deductible)	\$135 deductible, plus 20% of pre-determined amount

Part B monthly premium is 96.40 per month in 2009. It may be higher if you enroll late.

Either you or your insurance company is responsible for paying the amounts in the *You Pay* column. **Blood paid for or replaced under Part A of Medicare during the calendar year does not have to be paid for or replaced under Part B.**

HIGHLIGHTS OF BENEFITS OFFERED IN STANDARD MEDICARE SUPPLEMENT PLANS

Basic benefits:

- Coverage of the Part A coinsurance amount of \$267 daily for days 61 through 90 of hospitalization in each benefit period
- Coverage of the Part A coinsurance amount of \$534 daily for each of *Medicare's Lifetime Reserve* days
- Up to an additional 365 days of in-patient hospital care during the policy holder's lifetime
- The first three pints of blood per year
- Coverage of the 20 percent coinsurance amount under Medicare Part B after the annual \$135 deductible is met.

Part A deductible:

- Coverage of the \$1,068 Medicare Part A in-patient hospital deductible.

Part B deductible:

- Coverage of the \$135 calendar year deductible under Medicare Part B.

Part B excess:

- Pays either 80 percent or 100 percent of the difference between the amount Medicare approves and the amount a physician is able to charge.

NOTE: Rhode Island state law prohibits *physicians* from collecting more than Medicare approves.

Skilled nursing coinsurance:

- Coverage of the skilled nursing facility care coinsurance of \$133.50 per day for day 21 through day 100.

Foreign travel emergency:

- Coverage for medically necessary emergency care in a foreign country.

Home health care:

- Pays for reasonable and necessary intermittent skilled nursing care and home health aide services, as well as physical therapy, occupational therapy, and speech therapy that are ordered by a doctor and provided by a Medicare-approved agency. Also includes medical social services, durable medical equipment, medical supplies, and other services.

Preventive care:

- Pays for diabetes screening, certain cancer screenings, flu and pneumonia shots, bone mass measurements, mammograms, and glaucoma, and other preventive services.

Age 65: 2009 Monthly Premiums for Medicare Supplement Plans

Company	Prem.	A	B	C	D	E	F	G	H	I	J	K	L
AARP Health Care Options 800-523-5800	C	66* 103** 113***	\$91* 142** 153***	105* 163** 180***	97* 151** 167***	98* 152** 1647***	106* 164**181 81***	98* 152** 168***	107* 166** 181***	108* 167** 184***	124* 192** 211***	44* 70** 78***	64* 99** 109***
Bankers Life/Casualty 800-621-3724	A	135	197	305	185	209	181	163			175	84	111
Blue Cross/ Blue Shield of RI 401-351-BLUE (2583) 1-800-505-2583	C	94+ 134		142+ 203++									
Blue Cross/ Blue Shield of RI Plan 65 Select 401-351-BLUE (2583) 1-800-505-2583	C			94+ 135++									76+ 109
Continental General 1-866-459-4272	A	192F 214M	166F 185M	223F 248M	167F 186M	131F 146M	177F 197M	167F 186M	147F 165M		185F 206M		
Globe Life/Accident 972-569-3670	A	72	108	121			123						
Mutual of Omaha 800-368-0302	A	124F 142M		151F 159M	138F 159M		153F 176M						
United American Life 972-596-3670	A/I	155I	186A	213A	202A		254I 64 A-HD	250I				92 A-HD	129 A-HD
USAA Life Insurance 1-800-5158687	A	91NT 99T			110NT 121T		110NT 122T	118NT 130T					

F=female. M=male. NT=Non-tobacco user. T=Tobacco user.

*Monthly premium for persons 65 or older applying for coverage within 3 years of Medicare Part B effective date or 65th birthday.

**Monthly premium for persons applying for coverage more than 3 years after 65th birthday or Part B effective date. Medical underwriting applies.

***Rates for persons under 65 who meet underwriting requirements.

PLEASE NOTE: Rates provided by AARP for their Health Care Options plan are for the FIRST YEAR ONLY at a 20 percent discount. Rates will increase after the first year.

+The 30% discount age-in rate is applicable to subscribers that enroll within six months of becoming eligible for Medicare Part B benefits. This discount decreases by 10% per year for 3 years until the subscriber pays the full rate.

++This product's rate requires medical underwriting.

Age 70: 2009 Monthly Premiums for Medicare Supplement Plans

Company	Prem.	A	B	C	D	E	F	G	H	I	J	K	L
AARP Health Care Options 800-523-5800	C	66* 103** 113***	\$91* 142** 153***	105* 163** 180***	97* 151** 167***	98* 152** 1647***	106* 164**18 181***	98* 152** 168***	107* 166** 181***	108* 167** 184***	124* 192** 211***	44* 70** 78***	64* 99** 109***
Bankers Life/ Casualty 800-621-3724	A	157	230	355	211	237	204	201			216	104	137
Blue Cross/ Blue Shield of RI 401-351-BLUE (2583) 1-800-505-2583	C	94+ 134		142+ 203++									
Blue Cross/ Blue Shield of RI Plan 65 Select 401-351-BLUE (2583) 1-800-505-2583	C			94+ 135++									76+ 109
Continental General 1-866-459-4272	A	233F 260M	200F 223M	270F 301M	202F 225M	158F 177M	214F 238M	202F 225M	165F 184M	207F 231M			
Globe Life/Accident 972-569-3670	A	96	137	150	173		152						
Mutual of Omaha 800-368-0302	A	147F 1169M		179F 205M	164F 188M		181F 208M						
United American 972-569-3670	A/I	168I	216A	248A	236A		278I 85 A-HD	274I				122 A-HD	172 A-HD
USAA Life Insurance 1-800-515-8687	A	106NT 116T			129NT 142T		129NT 142T	138NT 151T					

F=female. M=male. NT=Non-tobacco user. T=Tobacco user.

*Monthly premium for persons 65 or older applying for coverage within 3 years of Medicare Part B effective date or 65th birthday.

**Monthly premium for persons applying for coverage more than 3 years after 65th birthday or Part B effective date. Medical underwriting applies.

***Rates for persons under 65 who meet underwriting requirements.

PLEASE NOTE: Rates provided by AARP for their Health Care Options plan are for the FIRST YEAR ONLY at a 20 percent discount. Rates will increase after the first year.

+The 30% discount age-in rate is applicable to subscribers that enroll within six months of becoming eligible for Medicare Part B benefits. This discount decreases by 10% per year for 3 years until the subscriber pays the full rate.

++This product's rate requires medical underwriting.

Age 75: 2009 Monthly Premiums for Medicare Supplement Plans

Company	Prem.	A	B	C	D	E	F	G	H	I	J	K	L
AARP Health Care Options 800-523-5800	C	66* 103** 113***	91* 142** 153***	105* 163** 180***	97* 151** 167***	98* 152** 1647***	106* 164**18 181***	98* 152** 168***	107* 166** 181***	108* 167** 184***	124* 192** 211***	44* 70** 78***	64* 99** 109***
Bankers Life/ Casualty 800-621-3724	A	157	230	355	211	237	203	201			216	`03	137
Blue Cross/ Blue Shield of RI 401-351-BLUE (2583) 1-800-505-2583	C	94+ 134		142+ 203++									
Blue Cross/ Blue Shield of RI Plan 65 Select 401-351-BLUE (2583) 1-800-505-2583	C			94+ 135++									76+ 109
Continental General 1-866-459-4272	A	269F 299M	231F 257M	311F 346M	233F 259M	182F 203M	246F 274M	233F 259M	189F 211M		238F 266M		
Globe Life/Accident 972-569-3670	A	102	155	175			177						
Mutual of Omaha 800-368-0302	A	171F 196M		208F 2239M	190F 219M		211F 242M						
United American 972-569-3670	A/I	168I	238A	277A	266A		287I 93 A-HD	283I				135 A-HD	191 A-HD
USAA Life Insurance 1-800-5158687	A	127NT 139T			154NT 169T		154NT 170T	164NT 181T					

F=female. M=male. NT=Non-tobacco user. T-Tobacco user.

*Monthly premium for persons 65 or older applying for coverage within 3 years of Medicare Part B effective date or 65th birthday.

**Monthly premium for persons applying for coverage more than 3 years after 65th birthday or Part B effective date. Medical underwriting applies.

***Rates for persons under 65 who meet underwriting requirements.

PLEASE NOTE: Rates provided by AARP for their Health Care Options plan are for the FIRST YEAR ONLY at a 20 percent discount. Rates will increase after the first year.

+The 30% discount age-in rate is applicable to subscribers that enroll within six months of becoming eligible for Medicare Part B benefits. This discount decreases by 10% per year for 3 years until the subscriber pays the full rate.

++This product's rate requires medical underwriting.

Age 80: 2009 Monthly Premiums for Medicare Supplement Plans

Company	Prem.	A	B	C	D	E	F	G	H	I	J	K	L
AARP Health Care Options 800-523-5800	C	66* 103** 113***	91* 142** 153***	105* 163** 180***	97* 151** 167***	98* 152** 1647***	106* 164**18 181***	98* 152** 168***	107* 166** 181***	108* 167** 184***	124* 192** 211***	44* 70** 78***	64* 99** 109***
Bankers Life/ Casualty 800-621-3724	A	187	281	436	263	291	248	250	69		269	129	171
Blue Cross/ Blue Shield of RI 401-351-BLUE (2583) 1-800-505-2583	C	94+ 134		142+ 203++									
Blue Cross/ Blue Shield of RI Plan 65 Select 401-351-BLUE (2583) 1-800-505-2583	C			94+ 135++									76+ 109
Continental General 1-866-459-4272	A	294F 328M	253F 282M	340F 380M2	255M 284M	200F 223M	270F 301M2	255F 284M	207F 231M		261F 291M		
Globe Life/Accident 972-569-3670	A	103	156	183			185						
Mutual of Omaha 800-368-0302	A	196F 226M		239F 275M	219F 252M		243F 279M						
United American 972-569-3670	A/I	168I	245A	294A	283A		292I 99 A-HD	288I				142 A-HD	200 A-HD
USAA Life Insurance 1-800-5158676	A	147NT 161T			179NT 196T		179NT 197T	190NT 209T					

F=female. M=male. NT=Non-tobacco user. T=Tobacco user.

*Monthly premium for persons 65 or older applying for coverage within 3 years of Medicare Part B effective date or 65th birthday.

**Monthly premium for persons applying for coverage more than 3 years after 65th birthday or Part B effective date. Medical underwriting applies.

***Rates for persons under 65 who meet underwriting requirements.

PLEASE NOTE: Rates provided by AARP for their Health Care Options plan are for the FIRST YEAR ONLY at a 20 percent discount. Rates will increase after the first year.

+The 30% discount age-in rate is applicable to subscribers that enroll within six months of becoming eligible for Medicare Part B benefits. This discount decreases by 10% per year for 3 years until the subscriber pays the full rate.

++This product's rate requires medical underwriting.

Medicare Supplement Plans details

Blue Cross & Blue Shield of Rhode Island offers Plan 65, which is a Medicare Supplement plan that provides coverage where Original Medicare leaves off. You're free to seek care from the Original Medicare participating providers of your choice, anywhere in the country.

When you join Plan 65 within six months of becoming eligible for Medicare Part B, you can take advantage of our Age-in Credit Program. You'll receive:

- A 30% discount on your rate for the first year you're enrolled
- A 20% discount in your second year
- A 10% discount in your third year

(After the third year, you pay the full rate for your Plan 65 option.)

Plan 65 A

A low-cost option that covers the hospital (Part A) and physician (Part B) co-payments and coinsurance after you have met the applicable deductibles. You can receive care from any Medicare participating provider, anywhere in the country, without getting a referral.

Plan 65 C

Covers hospital (Part A) and physician (Part B) deductibles, co-payments and coinsurance. You can receive care from any Medicare participating provider, anywhere in the country, without getting a referral.

Plan 65 Select C

Offers all the coverage of Plan 65 C, but at a lower cost. However, in order to receive maximum coverage, members must receive hospital care from hospitals that are part of the Plan 65 Select hospital network, except in an emergency.

Plan 65 Select L

Pays 75% of your Part B coinsurance after you meet the Part B deductible. If you receive care at a hospital within the Plan 65 Select Hospital Network, 100% of your hospital (Part A) deductible and co-payment will be covered. If services are received in non-network hospital due to an emergency, Plan 65 Select L will pay 75% of the Part A deductible. You are protected by an annual out-of-pocket limit.

MEDICARE ADVANTAGE CARE PLANS

Medicare Advantage Plans, sometimes referred to as Health Maintenance Organizations (HMOs), provide health care services through their network of hospitals, skilled care facilities, doctors, home care agencies, durable medical equipment suppliers, laboratories, pharmacies, and other providers.

Q. How do I enroll in a Medicare Advantage plan?

A. To enroll in a Medicare Advantage care plan, you must:

1. Be enrolled in Medicare Parts A and B; *and*
2. Live within the area in which the plan provides services; *and*
3. Cannot be medically determined to have end-stage renal disease (ESRD). If you develop ESRD after you are a member, you may continue to be a member and receive the necessary services through the plan; *and*
4. Sign up during your initial enrollment period (three months immediately before the month your Medicare A and B became effective); during November of any year; during a special enrollment period; or if you move out of your current plan's service area into another area which has a Medicare managed care plan.

Q. What should I know about Medicare Advantage plans?

A. Anyone thinking of joining such a plan should understand:

1. You must use the plan's providers and facilities to minimize your out-of-pocket financial liability. You are not free to go to any physician, hospital, or other provider you choose, unless you choose a plan with an out-of-network benefit.
2. You must choose a primary care physician and in some cases, you must receive prior approval of your primary care physician to see a specialist, have surgery, or obtain equipment or other medical services.
3. It can take up to 30 days to enroll or disenroll.

Before joining a Medicare Advantage plan, be sure to read the plan's membership materials carefully. Make sure you understand your rights and obligations as well as the benefits of the plan. Get information about the hospitals, doctors, facilities, and providers which the plan uses and the ones it does not. If you travel, or live part of the year in another state, find out about how this will affect your coverage.

Q. Tell me about Rhode Island Medicare Advantage plans.

A. Medicare Advantage plans in Rhode Island are available to beneficiaries both over and under 65 years of age. You must continue to pay the Medicare Part B premium (\$96.40) per month in 2009.

Medicare Advantage plans cover all services that Medicare Part A and B provide. They all offer extensive coverage for medical and surgical care, lab tests and x-rays, diagnostic tests and treatments, therapies, inpatient hospital care, skilled nursing facility care, home health care, and other medical services.

In addition, they offer extra benefits. Some plans charge a monthly premium; some do not. Plans require certain co-payments. Rates for plans do not vary according to age. Note: A person with end stage renal disease cannot enroll into a Medicare Advantage Plan. The only exception is if they are going from a commercial plan to a Medicare Advantage Plan within the same insurance company.

On the next few pages, we list the Medicare Advantage plans in Rhode Island and several points of coverage comparison.

NOTE: For complete information about the cost, coverage, and limitations under each plan, call the provider directly.

RHODE ISLAND MANAGED CARE PLANS-2009

BlueCHiP for Medicare
444 Westminster Street
Providence, RI 02903

401-351-BLUE (2583)
1-800-505-2583
1-877-232-8432 (TTY)

BlueCHiP for Medicare Core

Premium: \$0. You continue to pay \$96.40 per month for Medicare Part B premium.

Benefit	Consumer Costs
In-Network Out-of-Pocket Maximum	The out-of-pocket maximum refers to the per day co-payments applied to covered inpatient hospital, inpatient behavioral health and Skilled Nursing Facility (SNF) days.
Inpatient Hospital Care	Days 1-10: \$250 co-payment per day. Days 11-90: \$0 co-payment per day. Unlimited coverage per benefit period. Annual in-network out-of-pocket maximum of \$2,500 applies
Hospital Emergency	\$50 co-payment if not admitted within one day.
Office Visits/Routine Physicals	\$10 per office visit for primary care physician. \$25 for specialists.
X-Rays/Diagnostic Tests/Lab Services	No co-payment for Medicare-covered services such as clinical lab services, clinical/diagnostic lab services, or radiation therapy. There is a \$125 co-payment for high-tech radiology services.
Prescription Drugs	This plan does not offer Part D prescription drug coverage.
Ambulance Services	\$150 co-payment per day for Medicare-covered ambulance services.
Durable Medical Equipment	20% coinsurance for each Medicare-covered item.
Skilled Nursing Facility	Days 1-25: \$100 co-payment per day. Days 26-200: \$0 co-payment per day. Annual in-network out-of-pocket maximum of \$2,500 applies.
Hearing Services	\$25 co-payment for Medicare-covered diagnostic hearing exams. \$25 co-payment for up to one routine hearing test(s) every year.
Vision Services	\$0 co-payment for one pair of eyeglasses or contact lenses after cataract surgery. \$25 co-payment for exams used to diagnose and treat diseases and conditions of the eye. \$25 co-payment for up to one routine eye exam(s) every year.

RHODE ISLAND MANAGED CARE PLANS-2009

BlueCHiP for Medicare
444 Westminster Street
Providence, RI 02903

401-351-BLUE (2583)
1-800-505-2583
1-877-232-8432 (TTY)

BlueCHiP for Medicare Standard with Drugs (includes Part D prescription drug coverage)
Premium: \$15 per month. You continue to pay \$96.40 per month for Medicare Part B premium.

Benefit	Consumer Costs
In-Network Out-of-Pocket Maximum	The out-of-pocket maximum refers to the per day co-payments applied to covered inpatient hospital, inpatient behavioral health, and Skilled Nursing Facility (SNF) days.
Inpatient Hospital Care	Days 1-10: \$300 co-payment per day. Days 11-90: \$0 co-payment per day. Unlimited coverage per benefit period. Annual in-network out-of-pocket maximum of \$3,000 applies
Hospital Emergency	\$50 co-payment if not admitted within one day.
Office Visits/Routine Physicals	\$10 per office visit for primary care physician. \$25 for specialists.
X-Rays/Diagnostic Tests/Lab Services	No co-payment for Medicare-covered services such as clinical lab services, clinical/diagnostic lab services, or radiation therapy. There is a \$125 co-payment for high-tech radiology services.
Prescription Drugs	You pay the following until total yearly drug costs reach \$2,700: Tier 1 -\$8 co-payment for a one month (30-day) supply of drugs. Tier 2 -\$35 co-payment for a one month (30-day) supply of drugs. Tier 3 -\$70 co-payment for a one month (30 day) supply of drugs. Tier 4 -33% coinsurance for a one month (30 day) supply of drugs. Tier 5 -33% coinsurance for a one month supply (30 days of drugs). Mail order -2.5 times co-payments for a three month (90 day) supply of drugs.
Ambulance Services	\$150 co-payment per day for Medicare-covered ambulance services.
Durable Medical Equipment	20% coinsurance for each Medicare-covered item.
Skilled Nursing Facility	Days 1-30: \$100 co-payment per day. Days 31-100: \$0 co-payment per day. Annual out-of-pocket maximum of \$3,000 applies.
Hearing Services	\$25 co-payment for Medicare-covered diagnostic hearing exams. \$25 co-payment for up to one routine hearing test(s) every year.

Vision Services	\$0 co-payment for one pair of eyeglasses or contact lenses after cataract surgery. \$25 co-payment for exams to diagnose and treat diseases of the eye. \$25 co-payment for up to one routine eye exam(s) every year.
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RHODE ISLAND MANAGED CARE PLANS-2009

BlueCHiP for Medicare
444 Westminster Street
Providence, RI 02903

401-351-BLUE (2583)
1-800-505-2583
1-877-232-8432 (TTY)

BlueCHiP for Medicare Plus (includes Part D prescription drug coverage)

Premium: \$94 per month. You continue to pay \$96.40 per month for Medicare Part B premium.

Benefit	Consumer Costs
In-Network Out-of-Pocket Maximum	The out-of-pocket maximum refers to the per day co-payments applied to covered inpatient hospital, inpatient behavioral health, and Skilled Nursing Facility (SNF) days.
Inpatient Hospital Care	Days 1-10: \$200 co-payment per day. Days 11-90: \$0 co-payment per day. Unlimited coverage per benefit period. Annual in-network out-of-pocket maximum of \$2,000 applies.
Hospital Emergency	\$50 co-payment if not admitted within one day.
Office Visits/Routine Physicals	\$10 per office visit for primary care physician. \$25 for specialists.
X-Rays/Diagnostic Tests/Lab Services	No co-payment for Medicare-covered services such as clinical lab services, clinical/diagnostic lab services, or radiation therapy. There is a \$125 co-payment for high-tech radiology services.
Prescription Drugs	You pay the following until total yearly drug costs reach \$2,700: Tier 1 -\$8 co-payment for a one month (30-day) supply of drugs. Tier 2 -\$30 co-payment for a one month (30-day) supply of drugs. Tier 3 -\$65 co-payment for a one month (30 day) supply of drugs. Tier 4 -33% coinsurance for a one month (30 day) supply of drugs. Tier 5 -33% coinsurance for a one month supply (30 days of drugs). Mail order -2.5 times co-payments for a three month (90 day) supply of drugs.
Ambulance Services	\$150 co-payment per day for Medicare-covered ambulance services.
Durable Medical Equipment	20% coinsurance for each Medicare-covered item.

Skilled Nursing Facility	Days 1-20: \$100 co-payment per day. Days 21-100: \$0 co-payment per day. Annual out-of-pocket maximum of \$2,000 applies
Hearing Services	\$25 co-payment for Medicare-covered diagnostic hearing exams. \$25 co-payment for up to one routine hearing test(s) every year.
Vision Services	\$0 co-payment for: -one pair of eyeglasses or contact lenses after cataract surgery -glasses -contacts -lenses -frames. \$25 co-payment for exams to diagnose and treat diseases and conditions of the eye. \$25 co-payment for up to one routine eye exam(s) every year. \$70 limit for eye wear every year.

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RHODE ISLAND MANAGED CARE PLANS-2009

BlueCHiP for Medicare
444 Westminster Street
Providence, RI 02903

401-351-BLUE (2583)
1-800-505-2583
1-877-232-8432 (TTY)

BlueCHiP for Medicare Preferred (includes Part D prescription drug coverage)

Premium: \$183 per month. You continue to pay \$96.40 per month for Medicare Part B premium.

In-Network Out-of-Pocket Maximum	The out-of-pocket maximum refers to the per day co-payments applied to covered inpatient hospital, inpatient behavioral health, and Skilled Nursing Facility (SNF) days.
Inpatient Hospital Care	Days 1-10: \$95 co-payment per day. Days 11-90: \$0 co-payment per day. Unlimited coverage per benefit period. Annual in-network out-of-pocket maximum of \$950 applies.
Hospital Emergency	\$50 co-payment if not admitted within one day.
Office Visits/Routine Physicals	\$10 per office visit for primary care physician. \$25 for specialists.
X-Rays/Diagnostic Tests/Lab Services	No co-payment for Medicare-covered services such as clinical lab services, clinical/diagnostic lab services, or radiation therapy. There is a \$125 co-payment for high-tech radiology services.
Prescription Drugs	You pay the following until total yearly drug costs reach \$2,700: Tier 1 -\$8 co-payment for a one month (30-day) supply of drugs. Tier 2 -\$30 co-payment for a one month (30-day) supply of drugs. Tier 3 -\$65 co-payment for a one month (30 day) supply of drugs. Tier 4 -33% coinsurance for a one month (30 day) supply of drugs.

	<p>Tier 5</p> <p>-33% coinsurance for a one month supply (30 days of drugs).</p> <p>Mail order</p> <p>-2.5 times co-payments for a three month (90 day) supply of drugs.</p> <p>Coverage Gap</p> <p>Once you reach \$2,700, you continue to pay your co-payment for Tier 1 drugs until you reach the \$4,350 (catastrophic drug limit).</p>
Ambulance Services	\$150 co-payment per day for Medicare-covered ambulance services.
Durable Medical Equipment	20% coinsurance for each Medicare-covered item.
Skilled Nursing Facility	<p>Days 1-13: \$75 co-payment per day.</p> <p>Days 14-100: \$0 co-payment per day.</p> <p>Annual out-of-pocket maximum of \$950 applies.</p>
Hearing Services	<p>\$25 co-payment for Medicare-covered diagnostic hearing exams.</p> <p>\$25 co-payment for up to one routine hearing test(s) every year.</p> <p>\$25 co-payment for each hearing aid fitting evaluations.</p> <p>Plan provides coverage of up to \$500 towards hearing aids every three years.</p>
Vision Services	<p>\$0 co-payment for:</p> <ul style="list-style-type: none"> -one pair of eyeglasses or contact lenses after cataract surgery -glasses -contacts -lenses -frames. <p>\$25 co-payment for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$25 co-payment for up to one routine eye exam(s) every year.</p> <p>\$70 limit for eye wear every year.</p>

**Special Health Plan for Persons with Medicare and Medicaid
BlueCHiP for Medicare Optima
444 Westminster Street
Providence, RI 02903**

**401-BLUE (2583)
1-800-505-2583
1-877-232-8432 (TTY)**

This health plan is available to individuals who are eligible for both Medicare Parts A and B, live in Rhode Island, and have both Medicare and Medicaid coverage (also known as Full Benefit Dual or Qualified Medicare Beneficiary as designated by the State of Rhode Island). There is no additional premium for this plan beyond your monthly Medicare Part B premium.

Plan Premium: \$0

Comprehensive Coverage:

- Includes annual physical and immunizations-\$0 co-payment.
- Complete hospital coverage-\$0 co-payment.
- Office visits (primary care or specialist)-\$0 co-payment.
- Emergency and urgent care coverage anywhere in the United States-\$0 co-payment.
- X-rays, diagnostic tests, lab services-\$0 co-pay.
- Ambulance-\$0 co-payment.
- Durable medical equipment-\$0 co-payment.
- Skilled nursing facility-\$0 co-pay for days 1-100. No prior hospital stay required.
- Diagnostic hearing exams-\$0 co-payment.
- Miscellaneous-\$350 per calendar year for wigs if diagnosis is cancer.
- 10 one-way taxi rides to plan approved locations per year.
- Interpreter services for doctors appointments
- Fitness benefit-\$15 per month to enroll in a health club.
- Diagnostic eye exams for diagnosis and treatment for diseases and conditions of the eye, and one routine eye exam per year.
- Enhanced chiropractic and podiatry benefits.

Unlimited Prescription Coverage:

- Based on income status:
 - Between \$1.10 to \$2.40 for generic drugs.
 - Between or \$3.20 to \$6.00 for brand drugs.
 - \$0 co-payment when out-of-pocket drug cost reach \$4,350
- All co-payments are for a 30-day supply in a network pharmacy or 90-day mail order.
- If you are institutionalized, there is \$0 co-payments for Medicare Part D prescription drugs.

RHODE ISLAND MEDICARE MANAGED CARE PLANS-2008

United Healthcare of New England, Inc.

475 Kilvert Street

Warwick, RI 02886

401-737-6900

1-800-962-8251 (Sales/Enrollment)

1-800-685-8480 (TTY)

AARP Medicare Complete Choice by United Healthcare

Premium: \$0. You continue to pay \$96.40 per month for Medicare Part B premium.

Benefit	Consumer Costs
Inpatient Hospital Care	\$225 per day up to out-of-pocket maximum \$3,450 in network. \$0 co pay thereafter
Hospital Emergency	\$50 co-payment if not admitted within 24 hours. Worldwide
Office Visits/Routine Physicals	\$10 co-payment for primary care physicians. \$25 for specialists. In network
X-Rays/Diagnostic Tests/Lab Services	\$15 for Medicare covered x-rays. \$7 for Medicare covered lab services. \$0 to \$7 for Medicare covered diagnostic procedures and test. 20% coinsurance for other services.
Ambulance Services	\$150 co-payment per one-way trip for Medicare covered ambulance benefits
Durable Medical Equipment	20% co-insurance for cost of each Medicare-covered item. In network
Skilled Nursing Facility	\$110 per day up to out-of-pocket maximum of \$3,450. In network
Hearing/Eye Exams	*No coverage for hearing aids. \$25 co pay for diagnostic hearing exam. \$25 co pay for a hearing test per year
Prescription Drugs	20% of the cost of Part B covered drugs Part D drugs: \$0 deductible. You pay the following until your yearly drug cost reach \$2,750, \$5 for 30 day supply and \$15 for a 90 day supply of generics. \$35 for 30 day supply and \$105 for a 90 day supply for Preferred Brand. \$65 for a 30 day supply and \$195 for a 90 day supply of Non-Preferred. 33% coinsurance for Specialty drugs.

* United Healthcare of New England, Inc. offers a policy rider which includes benefits for eyewear, hearing aids, and dental care for a premium of \$38 per month.

RHODE ISLAND MEDICARE MANAGED CARE PLANS-2009

United Healthcare of New England, Inc.

475 Kilvert Street

Warwick, RI 02886

401-737-6900

1-800-962-8251 (Sales/Enrollment)

1-800-685-8480 (TTY)

AARP Medicare Complete Rx by UnitedHealthcare

Premium: \$0. You continue to pay \$96.40 per month for Medicare Part B premium.

Benefit	Consumer Costs
Inpatient Hospital Care	\$245 per day for days 1-16. \$0 for days 17-90 up to a total out-of-pocket annual maximum of \$3,800.
Hospital Emergency	\$50 co-payment if not admitted within 24 hours.
Office Visits/Routine Physicals	\$15 co-payment for primary care physicians. \$30 for specialists
X-Rays/Diagnostic Tests/Lab Services	\$15 for x-rays. \$7 for Medicare covered Lab services. \$0 to \$7 for Medicare covered diagnostic procedures and test. 20% coinsurance for other services.
Ambulance Services	\$150 co-payment for Medicare covered services
Durable Medical Equipment	30% coinsurance for cost of each Medicare-covered item.
Skilled Nursing Facility	\$115 per day from day 1-25. \$0 copay for day 26-100. Plan covers up to 100 days each benefit period
Hearing/Eye Exams	Hearing-\$30 copay for Medicare covered hearing exams. \$30 copay for 1 routine examination every year. Vision-\$0 copay for one per of eye glasses or contact after cataract surgery. \$30 copay for exams to diagnose and treat disease and conditions of the eye. \$30 copy for 1 routine eye exam every year.
Prescription Drugs	You pay the following until your total drug cost reach 2,750 Tier 1 generic-\$5 for a 30 day supply and \$15 for a 90 day supply Tier 2 preferred-\$35 for a 30 day supply and \$105 for a 90 day supply Tier 3 non-preferred brand-\$58 Tier 4 specialty-33% coinsurance. After your yearly drug costs reach \$2,400, you pay 100% of your drug costs. No coverage in gap.

Note: UnitedHealthcare of New England, Inc. offers a policy rider which includes benefits for eyewear, hearing aids, and dental care for a premium of \$38 per month.

Special Health Plan for Persons with Medicare and Medicaid
Evercare New England by United Health
PO Box 29600
Hot Springs, AR 71903 **1-800-834-3721**
www.EvercareHealthPlans.com

Plan Premium: \$0.00

- Enhanced benefits for Medicaid beneficiaries who are Rhode Island residents.
- Extensive provider network.

In-Hospital Benefit:

- \$0

Hospital Emergency:

- \$0

Office Visit:

- \$0 for primary care physician.

Unlimited Prescription Coverage:

- No deductible. Co-payments of \$1.10 or \$3.20, depending on income. \$1.10 generic. \$3.20 brand –name, \$3.20 non-preferred brands, and \$3.20 specialty drugs.

Eye Exams:

- \$0 co-payment for one eye exam every two years. \$70 credit for new lens and frame or \$100 credit for contact lens every 2year. \$600 limit for hearing aids every two years. \$25 for hearing exam.

Enhanced Services (All with no co-payment or deductible):

- Catalogue benefit- quarterly allowance of \$45 for catalogue purchases of health products.
- Personal Care Manager who coordinates all aspects of care with primary care physicians and other members of the health care team.
- 24 one-way trips to plan-approved locations every year.
- Toll free telephone access to nurse.
- \$0 co-payment for podiatry services.
- Home health care.
- Free Smoking Cessation for people trying to quit smoking
- Free annual routine physical exam

Special Health Plan for Persons with Specific Long Term Illnesses
Evercare New England by United Health
PO Box 29600
Hot Springs, AR 71903 **1-800-834-3721**
www.EvercareHealthPlans.com

Plan Premium: \$0.00

In-Hospital Benefit:

- \$250 for days 1-14 and \$0 for days 15-90

Hospital Emergency:

- \$25 per visit

Office Visit:

- \$5 for primary care physician.

Unlimited Prescription Coverage:

- No deductible. \$5 generic. \$37 brand –name, \$71 non-preferred brands, and 33% cost for specialty drugs.

Eye Exams:

- \$0 co-payment for one eye exam every two years. \$70 credit for new lens and frame or \$100 credit for contact lens every 2year.

Ambulance:

- \$150 per one way trip

Lab Services:

- **\$5 for Cholesterol panels, urinalysis and hemoglobin**

Dental Platinum Plan:

- \$32 for premium
- \$1,000 maximum benefit

Enhanced Services (All with no co-payment or deductible):

- Catalogue benefit- quarterly allowance of \$20 for catalogue purchases of health products.
- One Free Cardiovascular screening per year.
- 24 one-way trips to plan-approved locations every year.
- Tool free telephone access to nurse.
- \$0 co-payment for podiatry services.
- Home health care.
- Free Smoking Cessation for people trying to quit smoking
- Free annual routine physical exam

PRESCRIPTION DRUG PROGRAMS

RHODE ISLAND PHARMACEUTICAL ASSISTANCE TO THE ELDERLY

The **Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE)** program pays a portion of the cost of “Category A” prescriptions used to treat Alzheimer’s disease, arthritis, diabetes (including insulin and syringes for insulin injections), heart problems, depression, anti-infectives, Parkinson’s disease, high blood pressure, cancer, urinary incontinence, circulatory insufficiency, high cholesterol, asthma and chronic respiratory conditions, osteoporosis, glaucoma, and prescription vitamins and mineral supplements for renal patients for eligible Rhode Island residents 65 and older. Also, limited allocation has been added to RIPAE to help cover the cost of injectible prescription drugs used to treat Multiple Sclerosis.

As of July 1, 2009, individuals with an annual income up to \$20,934 and married couples with a combined annual income of up to \$26,170 receive a 60% discount.

Individuals with an annual income of up to \$26,179 and married couples with a combined annual income of up to \$32,851 receive a 30% discount.

Individuals with an annual income up to \$45,991 and married couples with a combined income not exceeding \$52,561 receive a 15% discount.

RIPAE enrollees can purchase all other FDA-approved “Category B” prescriptions (except for those used to treat cosmetic conditions) at the RIPAE-discounted price. There is no state co-payment for the medications purchased in this category.

Also under RIPAE, Rhode Island residents between 55 and 64 who are receiving Social Security Disability Income (SSDI) payments and who meet specified income limits, can purchase “Category A” medications at 85% of the RIPAE- discounted price. Other FDA-approved “Category B” medications (except those prescribed for cosmetic conditions) can be purchased at the RIPAE- discounted price. There is no state co-payment for these medications. The annual income limits for those receiving SSDI are \$45,991 for a single person and \$52,561 for a married couple.

Individuals must submit proof of Medicare Part D with their RIPAE application.

For RIPAE information, call the DEA Customer Information Referral and Assistance Center at **462-3000** or **THE POINT** at **462-4444**.

The **Pharmaceutical Research and Manufacturers of America (PhRMA)** have set up a call center and web site to help low-income Rhode Islanders get obtain free or reduced-cost drugs. The number for the PhRMA call center is **1-877-743-6779**. The web site is www.RxforRI.org.

The **URI Pharmacy Outreach Program** provides educational seminars, health screens, and discussion groups on health related topics as well as medication information. Call to schedule a program. The URI Medication Information Line provides information on the use of prescription medications. Pharmacists can answer medication questions. For URI programs, call **1-800-215-9001**.

PRESCRIPTION DRUG PROGRAMS

MEDICARE PRESCRIPTION DRUG PLANS (MEDICARE PART D)

Beginning January 1, 2006, new federal **Medicare** prescription drug plans (**Medicare Part D**) became available to 41 million **Medicare** beneficiaries, including 176,000 in Rhode Island. The prescription drug insurance program was part of the **Medicare Modernization Act of 2003** and is one of the most significant changes in **Medicare** since its inception in 1965.

Part D insurance plans are available to all **Medicare** beneficiaries. For a monthly plan premium, as well as specified plan deductibles, co-payments, and coverage gaps, if applicable, coverage is offered for both generic and brand name medications.

Medicare beneficiaries can choose from an extensive set of plan options offered by several prescription drug insurance organizations.

Assistance in paying plan premiums and other expenses (**Extra Help**) may be available for beneficiaries with limited incomes and resources.

For information, contact **Social Security** at **1-800-772-1213 (Voice)**, **1-800-325-0778 (TTY)**, or go to **www.ssa.gov**.

For information on exploring **Medicare Part D** plan options, call **1-800-633-4227 (Voice)**, **1-877-486-2048 (TTY)**, or go to **www.medicare.gov**.

For individual counseling regarding **Medicare Part D** plans, please make an appointment with the health insurance counselor in your area. To find the nearest SHIP counselor call THE POINT at **462-4444** or RI 2-1-1

